

Lo dietista tra malattia cronica e multiculturalismo: nuove opportunità e problemi aperti

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Chi è il migrante ?

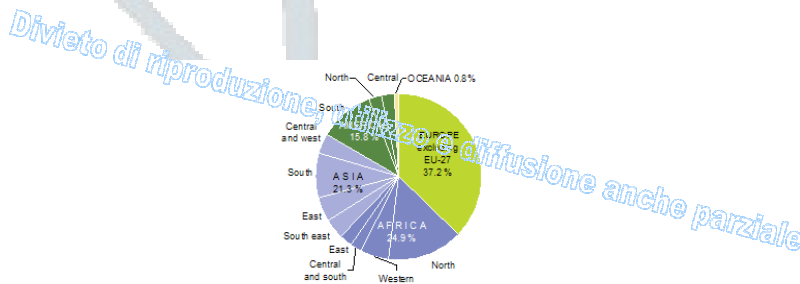
ONU: «any person who lives temporarily or permanently in a country where the individual was not born»

EUROSTAT: «a person who establishes his/her usual place of residence in the destination country for 12 months or more»

Mrki S, Chen H, Rose M, editors. Principles and recommendations for a vital statistics system 2013 [Internet]. Geneva: United Nations; 2013 [cited 2013 dec 12]. Available from: http://unstats.un.org/unsd/demographic/standmeth/principles/unedited_M19Rev3en.pdf
Eurostat [Internet]. Luxembourg: Eurostat; c1998-2013 [updated March 2013; cited 2013 Dic 12]. Migrants in Europe. A statistical portrait of the first and second generation 2011; [about 2 screens]. Available from: http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-31-10-539/EN/KS-31-10-539-EN.PDF

Background - Europa

Cittadini di Paesi extraeuropei residenti in Europa, 2011



(1) Estimates.
Source: Eurostat (online data code: migr_pop1ctz)

Background- Italia

4. COUNTRY NOTES: RECENT CHANGES IN MIGRATION MOVEMENTS AND POLICIES

ITALY

Recent trends in migrants' flows and stocks

Migrant flows (foreigners)	2000	2005	2011	2012	Average 2002-11	Level 2012
Inflows	3.4	4.8	5.9	5.4	5.2	7.3
Outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	3.2	4.5	5.4	4.8	4.9	6.8
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	3.0	4.2	4.9	4.2	4.6	6.3
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	2.8	3.9	4.4	3.6	4.1	5.8
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	2.6	3.6	3.9	3.0	3.5	5.3
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	2.4	3.3	3.4	2.4	3.2	5.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	2.2	3.0	2.9	1.8	2.8	4.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	2.0	2.7	2.4	1.2	2.6	4.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	1.8	2.4	1.9	0.6	2.4	3.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	1.6	2.1	1.4	0.0	2.1	3.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	1.4	1.8	0.9	-0.6	1.8	2.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	1.2	1.5	0.4	-1.2	1.5	2.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	1.0	1.2	-0.1	-2.4	1.2	1.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	0.8	0.9	-0.6	-3.8	0.9	1.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	0.6	0.6	-1.1	-4.4	0.6	0.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	0.4	0.3	-1.7	-5.0	0.3	0.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	0.2	0.0	-2.4	-5.6	0.0	-0.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	0.0	-0.3	-2.9	-6.2	-0.3	-1.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-0.2	-0.6	-3.4	-6.8	-0.6	-1.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-0.4	-0.9	-3.9	-7.4	-0.9	-2.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-0.6	-1.2	-4.4	-8.0	-1.2	-2.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-0.8	-1.5	-4.9	-8.6	-1.5	-3.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-1.0	-1.8	-5.4	-9.2	-1.8	-3.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-1.2	-2.1	-5.9	-9.8	-2.1	-4.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-1.4	-2.4	-6.4	-10.4	-2.4	-4.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-1.6	-2.7	-6.9	-11.0	-2.7	-5.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-1.8	-3.0	-7.4	-11.6	-3.0	-5.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-2.0	-3.3	-7.9	-12.2	-3.3	-6.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-2.2	-3.6	-8.4	-12.8	-3.6	-6.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-2.4	-3.9	-8.9	-13.4	-3.9	-7.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-2.6	-4.2	-9.4	-14.0	-4.2	-7.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-2.8	-4.5	-9.9	-14.6	-4.5	-8.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-3.0	-4.8	-10.4	-15.2	-4.8	-8.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-3.2	-5.1	-10.9	-15.8	-5.1	-9.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-3.4	-5.4	-11.4	-16.4	-5.4	-9.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-3.6	-5.7	-11.9	-17.0	-5.7	-10.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-3.8	-6.0	-12.4	-17.6	-6.0	-10.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-4.0	-6.3	-12.9	-18.2	-6.3	-11.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-4.2	-6.6	-13.4	-18.8	-6.6	-11.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-4.4	-6.9	-13.9	-19.4	-6.9	-12.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-4.6	-7.2	-14.4	-20.0	-7.2	-12.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-4.8	-7.5	-14.9	-20.6	-7.5	-13.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-5.0	-7.8	-15.4	-21.2	-7.8	-13.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-5.2	-8.1	-15.9	-21.8	-8.1	-14.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-5.4	-8.4	-16.4	-22.4	-8.4	-14.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-5.6	-8.7	-16.9	-23.0	-8.7	-15.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-5.8	-9.0	-17.4	-23.6	-9.0	-15.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-6.0	-9.3	-17.9	-24.2	-9.3	-16.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-6.2	-9.6	-18.4	-24.8	-9.6	-16.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-6.4	-9.9	-18.9	-25.4	-9.9	-17.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-6.6	-10.2	-19.4	-26.0	-10.2	-17.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-6.8	-10.5	-19.9	-26.6	-10.5	-18.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-7.0	-10.8	-20.4	-27.2	-10.8	-18.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-7.2	-11.1	-20.9	-27.8	-11.1	-19.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-7.4	-11.4	-21.4	-28.4	-11.4	-19.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-7.6	-11.7	-21.9	-29.0	-11.7	-20.0
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-7.8	-12.0	-22.4	-29.6	-12.0	-20.5
Net outflows	0.2	0.3	0.5	0.6	0.3	0.5
Total						
Net inflows	-8.0	-12.3	-22.9	-30.2	-12.3	-21.0
Net outflows	0.2					

Cittadini stranieri e salute

Patologie più diffuse

- Apparato respiratorio (65,4 stranieri ogni mille)
- Apparato digerente e dei denti (20,2 per mille)
- Sistema nervoso (19,8 per mille)
- Sistema osteomuscolare (15,5 per mille)

Condizioni di salute, fattori di rischio, ricorso alle cure e accessibilità dei servizi sanitari. Istat. Anno 2011-2012

Cittadini stranieri e salute

PROSPETTO 3. CITTADINI STRANIERI CHE HANNO SOFFERTO DI MALATTIE ACUTE NELLE QUATTRO SETTIMANE PRECEDENTI L'INTERVISTA PER TIPO DI PATOLOGIA, CITTADINANZA E GENERE. Anno 2011 – 2012. Tassi grezzi e standardizzati per 1000 persone

	Tassi grezzi						Tassi standardizzati					
	PAESI UE			PAESI NON UE			PAESI UE			PAESI NON UE		
	M	F	MeF	M	F	MeF	M	F	MeF	M	F	MeF
Malattie infettive e parassitarie	1,7	3,2	2,6	3,3	1,6	2,4	2,4	3,3	2,9	3,3	1,6	2,4
Malattie dell'apparato respiratorio	53,8	69,7	63,1	65,6	67,0	66,3	56,0	74,6	66,8	63,6	66,6	65,1
Malattie dell'apparato digerente e denti	20,7	20,7	19,0	18,5	22,7	20,7	16,8	17,0	16,9	18,9	21,1	20,0
Malattie dell'apparato circolatorio	9,0	7,4	8,1	6,2	13,5	10,0	8,2	7,5	7,8	6,8	12,5	9,7
Malattie dell'apparato genito-urinario	4,4	3,5	2,0	5,2	4,3	3,8	1,5	3,8	2,8	3,3	4,1	3,7
Malattie dell'apparato endocrino e metabolismo	3,5	5,7	4,7	4,5	9,5	7,1	2,0	5,2	3,8	5,2	9,0	7,2
Tumori	0,6	1,4	1,1	0,8	1,1	1,0	0,2	1,7	1,0	0,8	0,9	0,9
Malattie della pelle e tessuto sottocutaneo	4,4	2,9	3,6	2,1	2,3	2,2	3,8	2,8	3,2	4,4	3,4	2,9
Malattie del sistema osteomuscolare	14,7	19,2	17,3	14,0	15,4	14,7	14,3	18,1	16,5	15,4	15,2	15,3
Malattie del sangue e degli organi ematopoietici	0,3	1,2	0,9	0,1	0,6	0,4	0,4	1,1	0,8	0,5	0,6	0,6
Malattie degli occhi e delle orecchie	1,0	4,7	3,1	1,8	3,1	2,5	1,7	4,9	3,6	1,8	2,9	2,3
Malattie del sistema nervoso	10,2	32,0	22,8	14,0	22,9	18,6	10,3	27,7	20,4	13,7	22,6	18,3
Disturbi psichici	6,2	21,0	14,8	7,1	10,0	8,6	7,7	20,9	15,3	7,0	9,6	8,3
Altre malattie	1,6	3,8	2,9	1,1	2,4	1,8	1,0	3,2	2,3	1,0	2,6	1,8
Persone con almeno una malattia acuta	107,2	163,2	139,7	121,9	144,8	133,7	105,1	163,6	139,0	122,4	142,2	132,6

Condizioni di salute, fattori di rischio, ricorso alle cure e accessibilità dei servizi sanitari. Istat. Anno 2011-2012

Politiche sanitarie

ONU: Risoluzione n. WHA 61.17

ruolo della salute nei processi di integrazione e inclusione sociale dei migranti, importanza di una raccolta di dati sanitari per l'adozione di politiche e strategie formative specifiche del personale sanitario

ONU Risoluzione n. WHA 61.17.

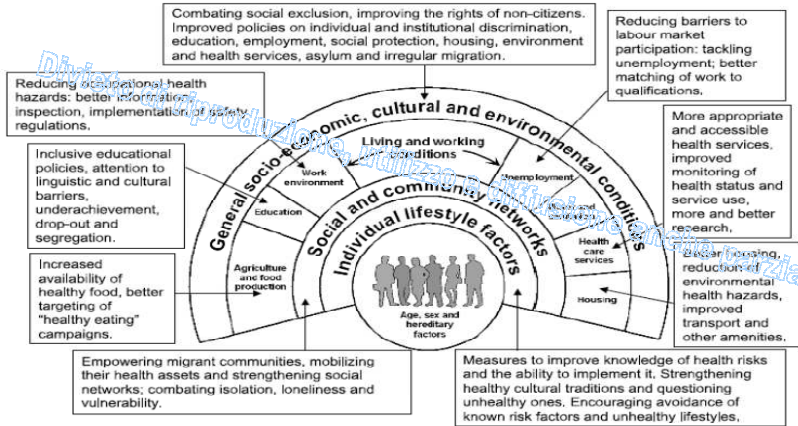
Politiche sanitarie

EU: Progetto "Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities"

Consiglio Europeo: Programma di Stoccolma
Un'Europa Aperta e Sicura al Servizio e a Tutela dei Cittadini
(2010/C 115/01)

Assisting Migrants and Communities (AMAC): Analysis of Social Determinants of Health and Health Inequalities "Project". International Organization for Migration (IOM), Migration Health: Better Health for All in Europe, Final Report; 2009.

ANDID
 associazione nazionale dietetisti
Politiche sanitarie



Adattato da WHO Regional Office for Europe

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Migranti e Patologie Croniche

Buja et al. BMC Public Health 2013, 13:504
<http://www.biomedcentral.com/1471-2458/13/504>



RESEARCH ARTICLE

Open Access

Prevalence of chronic diseases by immigrant status and disparities in chronic disease management in immigrants: a population based cohort study, Valore Project

Alessandra Buja^{1*}, Rosa Gini², Modesta Visca³, Gianfranco Damiani⁴, Bruno Federico⁵, Paolo Francesconi², Daniele Donato⁶, Alessandro Marini⁷, Andrea Donatini⁸, Salvatore Brugaletta⁹, Vincenzo Baldo¹, Mariadonata Bellentani³ and Valore Project

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Migranti e Patologie Croniche

Effetto cumulativo delle iniquità nell'accesso alle cure primarie soprattutto per i pazienti diabetici e cardiopatici provenienti dai paesi HMPC

- Maggiore esposizione ai fattori di rischio
- Disparità nella fase diagnostica e nella cura
- Maggiore prevalenza di malattie croniche, maggiori outcome negativi e tassi di mortalità

ak BD & MacPherson DW (2006) The basic principles of migration health: population mobility and gaps in disease prevalence. Emerg Themes Epidemiol, available at: <http://www.ete.com/content/3/1/3>
 P & Siem H (1995) No real progress towards equity: health of migrants and ethnic minorities on the eve of the year 2000. Soc Sci Med 41, 819-828.
 Kunst AE, Keij-Deerenberg IM, et al. (2004) Ethnic inequalities in age- and cause-specific mortality in The Netherlands. Int J Epidemiol 33, 1112-1119.
 S, Gilbert P & Khokhar S (2006) Ethnic Groups and Foods in Europe. Synthesis report no. 3. London: Eurofir Project
 ment Office/British Nutrition Foundation.
 N & Khat M (2001) An overview of the health status of migrants in France, in relation to their dietary practices. Health Nutr 4, 163-172.
 jaard P, Jorgensen ME, Lumholt P, et al. (2002) Higher blood pressure among Inuit migrants in Denmark than among the Inuit in Greenland. J Epidemiol Community Health 56, 279-284.
 Johansson SE, Sundquist J, et al. (2006) Are there differences in all-cause and coronary heart disease mortality between immigrants in Sweden and in their country of birth? A followup study. BMC Public Health 6, 102.
 V, Vyas A, Cruickshank JK, et al. (2006) Impact of migration on coronary heart disease risk factors: comparison of Gujaratis in Britain and their contemporaries in villages of origin in India. Sclerosis 185, 297-306.

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Migranti e Patologie Croniche

- Evidenza su maggiori tassi di mortalità e morbilità per patologie correlate all'alimentazione
- Maggiore attenzione agli effetti dell'acculturazione su salute migranti
 - Riduzione del consumo di frutta e verdura
 - Aumento del consumo di grassi
 - Aumento del consumo di bevande zuccherate.
 - Riduzione dell'attività fisica
 - Aumento del BMI

ia-Abouta J, Patterson R, Neuhauser ML, et al. (2002) Dietary acculturation: applications to nutrition research and dietetics. J Am Diet Assoc 102, 1105-1118.
 Jean C, Traissac P, Eymard-Duvernay S, et al. (2007) Diet quality of North African migrants in France partly explains their lower prevalence of diet-related chronic conditions to their native French Peers. J. Nutr 137, 2106-2113.
 rdon-Larsen P, Mullan-Harris K, Ward DS, et al. (2003) Acculturation and overweight-related behaviors among Hispanic immigrants to the US: The National Longitudinal Study of Adolescent Health. Soc Sci Med 57, 2023-2034.
 rez-Escamilla R & Putnik P (2007) The role of acculturation in nutrition, lifestyle, and incidence of type 2 diabetes among ins. J Nutr 137, 860-870.

Migranti, Cultura, Cibo

Donna Gabaccia: «Food and language are the cultural habits humans learn first and the ones they change with the greatest reluctance».

Modelli culturali alimentari: cosa, quando, come, con chi vengono consumati i cibi

Pratiche alimentari dinamiche

Tradizioni e nuovi pattern

abaccia DR. We are what we eat. Cambridge, Mass., Harvard University Press, 1998
Arer-Stein TB. You eat what you are: people, culture and food traditions. 2° ed. Willowdale, Ontario, Firefly Books, 1999
Kitcher KP, Kittler PG. Food and culture. 5° ed. Belmont, Calif., Wadsworth, 2007

Cosa fa il Dietista?

Criticità in tutte le fasi dell'NCP

Competenze culturali

Competenze relazionali/linguistiche

Sviluppo linee guida specifiche

Strumenti di assessment nutrizionale adattati e validati

Adeguate conoscenza degli alimenti etnici, relativi ingredienti e modalità di preparazione

Integrazione di cibi etnici nei piani dietetici

Cultural Competence

Cultura

Conoscenze
Credenze
Arte
Morale
Diritto
Costume
Qualsiasi altro
Capacità/Abitudine
Acquisita dall'uomo
come membro di
una società

Cultural Competence

Cultural Competence

Integrazione di:

- conoscenze
- atteggiamenti

per migliorare la
comunicazione
cross- culturale

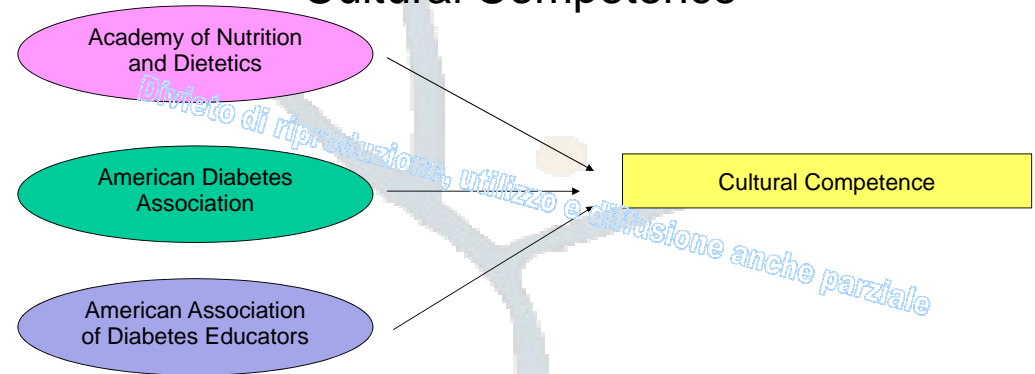
Cultural Competence

Academy of Nutrition and Dietetics: competenza culturale tra le core competencies dei Registered Dietitians (RD)

“Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals”

ACEND, Accreditation Standards for Internship Programs in Nutrition & Dietetics, Chicago, p: 57; 2013

Cultural Competence



American Dietetic Association Diversity and Practice Subcommittee: Diversity and practice Subcommittee Spring 2006 Report
 American Diabetes Association: Nutrition recommendations and interventions for diabetes – 2008. Diabetes Care 31 (Suppl. 1): S671-S678, 2008
 American Association of Diabetes Educators: Cultural sensitivity and diabetes education. Diabetes Educ 33: 41-44, 2007
 Drago L. Using Cultural competence constructs to understand food practices and provide diabetes care and education. Diabetes Spectrum 22 (Number 1), 43-47, 2009

Cultural Competence

Vari modelli di cultural competence

- Conoscenza degli effetti della cultura su comportamento e credenze individuali
- Consapevolezza delle proprie credenze culturali e dell'impatto di queste sulla relazione con l'altro
- Comprensione dell'impatto del contesto sociopolitico, ambientale ed economico

Campinha-Bacote J. A model and instrument for addressing cultural competence in health care. J Nursing Educ 38: 203-207, 1999
 Boyle MA, Holbne DH. Community nutrition in action: an entrepreneurial approach. 4th ed. Belmont, Calif., Wadsworth/Thompson Learning, 2006
 Harris-Davis E, Haughton B. Model for multicultural nutrition counseling competencies. J Am Diet Assoc 100: 1178-1185, 2000
 Lynch EW, hanson MJ. Developong cross-cultural competence: a guide for working with children and their families. 3rd ed. Baltimore, Md., Brookes Publishing, 2004

Multicultural nutrition counseling skills (factor 1)

1. Have ability to differentiate between individual cultural differences and universal similarities
2. Be experienced in application of medical nutrition therapy and nutrition-related health promotion/disease prevention strategies that are culturally appropriate
3. Have ability to use cultural knowledge and sensitivity for appropriate nutrition intervention and materials
4. Take responsibility of collectively working with community leaders or members about unique knowledge or abilities for benefit of the culturally different client
5. Be able to evaluate new techniques, research, and knowledge as to validity and applicability in working with culturally different populations
6. Take responsibility in educating client to the nutrition counseling process (goals, expectations, and counselor's orientation), which includes the client's values and lifestyle
7. Be able to send and receive verbal and nonverbal messages and to alter them as necessary in recognition that helping style and approaches may be culture bound
8. Have knowledge of cultural groups, their family and communities, values and beliefs, characteristics and resources
9. Understand how such things as race, culture, and economics may affect not only food practices but also nutrition-related health problems and appropriateness of counseling approaches
10. Have a clear and explicit knowledge and understanding of the generic characteristics of counseling and how they may clash with the cultural values of various minority groups.
11. Identify additional resources (agencies, persons, informal helping network, ethnic food stores, etc) that may be used by the client
12. Have ability to gain trust and respect of individuals who are culturally different from self
13. Not be adverse to seeking consultation with traditional healers and religious and spiritual leaders and practitioners in the treatment of culturally different clients when appropriate
14. Be aware of institutional or agency barriers that prevent some cultural groups from using nutrition health services

Harris-Davis E, Haughton B. Model for multicultural nutrition counseling competencies. J Am Diet Assoc 100: 1178-1185, 2000

Multicultural awareness (factor 2)

1. Be aware of how own cultural background and experiences and attitudes, values, and biases influence nutrition counseling
2. Be able to recognize limits of own cultural competencies and abilities
3. Have moved from being culturally aware to being aware and sensitive to own cultural heritage and to valuing and respecting differences
4. Be comfortable with differences that exist between self and clients in terms of race, ethnicity, culture, beliefs, and food practices
5. Believe in the value and significance of own cultural heritage and world view as a starting point for understanding others who are culturally different from self
6. Believe that cultural differences do not have to negatively affect communication or counseling relationships
7. Be aware of own stereotypes and preconceived notions that may hold toward other culturally different groups
8. Be knowledgeable about communication style differences, how own style may clash with or foster the counseling process with culturally different clients, how to anticipate the impact style may have on others

Farris-Davis E, Houghton B. Model for multicultural nutrition counseling competencies. J Am Diet Assoc 100: 1178-1185, 2000

Multicultural food and nutrition counseling knowledge (factor 3)

1. Understand food selection, preparation, and storage with a cultural context
2. Have knowledge of cultural eating patterns and family traditions such as core foods, traditional celebrations, and fasting
3. Familiarize self with relevant research and latest findings regarding food practices and nutrition-related health problems of various ethnic and racial groups
4. Possess specific knowledge of cultural values, health beliefs, and nutrition practices of particular groups served, including culturally different clients

Multicultural nutrition counseling skills (factor 1)

5. Have knowledge about within-group differences and understanding of variations in food practices
6. Apply helping principle of "starting where the client is" by considering changes in eating patterns, such as addition of American foods or substitution of foods

Farris-Davis E, Houghton B. Model for multicultural nutrition counseling competencies. J Am Diet Assoc 100: 1178-1185, 2000

ANDID
isti
Cultural Competence

ditional foods:

What foods do you commonly eat?
 What are your favorite foods?
 How often do you eat them?
 What rich foods do you eat on holidays or special occasions?

Diets and health:

What rich foods do you eat to be healthy?
 What rich foods do you avoid now that have diabetes?
 What rich foods do you eat more of now you have diabetes?
 Have you seen other practitioners for treatment of diabetes and its related conditions? If yes, what treatments or medicines are you taking?
 Do all have favorite remedies that use when we are sick. Which are the remedies do you use?

New foods:

- What new foods have you recently eaten? What prompted you to eat them?
- Do you regularly eat new foods?
- Which new foods did you dislike? What about them did you not like?

Food acquisition:

- What foods do you typically purchase?
- Where do you purchase food?

Amount and quality of food:

- Do you have enough food to eat each day?
- Are you able to get the types of food you need?

Food preparation:

- How do you prepare the meal? How is it cooked?
- What recipes are used?
- What is it usually accompanied with?
- Do you have enough time and equipment to prepare the foods you like?

Family interaction with food:

- With whom do you eat meals? Every day? On special occasions?

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Competenze relazionali/linguistiche

Barriere linguistiche

Difficoltà di comprensione delle informazioni scritte e/o orali

Relazione tra livello di scolarizzazione, status socio-economico, condizioni di salute ed uso dei servizi sanitari

Wilson J., The crucial link between literacy and health, Annals of internal medicine, 10, p: 875-878; 2003
 Colasanti R.; 1995. Medicina e migrazione in Italia, in Geraci; 2000

Competenze relazionali/linguistiche

Mediatore culturale

Trait d'union fra professionista e paziente
Conoscenze dello specifico ambito terapeutico (diabetologia, nefrologia ecc)
Facilitazione del dialogo e dell'adesione alla proposta terapeutica

Geraci S., Colasanti R.; 1995. Medicina e migrazione in Italia, in Geraci; 2000

Linee Guida - Diabete mellito

Gruppo di studio ADI-AMD-SID e regole religiose alimentari islamiche

Sconsiglia il digiuno di Ramadan a pazienti con Diabete tipo 1 e 2:

- scompensati
- con bassa compliance terapeutica
- soggetti con patologie gravi concomitanti
- con storia di ricorrenti chetoacidosi
- donne in stato di gravidanza
- pazienti con infezioni intercorrenti
- con insufficienza renale o a rischio di disidratazione o uremia
- pazienti anziani con ridotta vigilanza
- con esperienze pregresse di scompenso glicemico durante il Ramadan

Agliani P., Pantanetti P., Gruppo di studio ADI-AMD-SID "Nutrizione e diabete", La Terapia Medica Nutrizionale nel Diabete Mellito, Le raccomandazioni nutrizionali. Fogliani P., Pantanetti P. La Dieta Nel Paziente Diabetico Extracomunitario, 104-113; 2013-2014.

Linee Guida - Diabete mellito

Problematiche principali durante il Ramadan:

- inappropriata alimentazione
- sovralimentazione
- insufficiente riposo

Linee Guida - Diabete mellito

Durante il Ramadan si consiglia di:

- Ridurre il consumo di alimenti ricchi di grassi e carboidrati, in particolare al tramonto, quando il digiuno viene interrotto (*iftar*)
- Aumentare l'assunzione di liquidi durante le ore di "non digiuno"
- Consumare una colazione con alto contenuto in carboidrati complessi, e ritardarla il più possibile prima di iniziare il digiuno
- Interrompere sempre il digiuno in caso di ipoglicemia

Shaikh S., James D., Morrissey J., Patel V., Diabetes care and Ramadan: to fast or not to fast?. The British Journal of Diabetes & Vascular Diseases, Vol.1, n° 1, p: 65-67; 2001.
Satti I. et al., EPIDIAR Study Group, A population study of diabetes and its characteristics during the fasting month of Ramadan in 13 countries: results of the epidemiology of diabetes and Ramadan. Diabetes Care, 27: 2306-2311; 2004.
Rapporto 2011 Volume XVII - Collana "Rapporti ARNO - SID-CINECA", 16 apr 2012. www.siditalia.it/publicazioni/784
Fogliani P., Pantanetti P., Gruppo di studio ADI-AMD-SID "Nutrizione e diabete", La Terapia Medica Nutrizionale nel Diabete Mellito, Le raccomandazioni nutrizionali. Paolo Fogliani, Paola Pantanetti, La Dieta Nel Paziente Diabetico Extracomunitario, p: 104-113; 2013-2014

Agliani P., Pantanetti P., Gruppo di studio ADI-AMD-SID "Nutrizione e diabete", La Terapia Medica Nutrizionale nel Diabete Mellito, Le raccomandazioni nutrizionali. Fogliani P., Pantanetti P. La Dieta Nel Paziente Diabetico Extracomunitario, 104-113; 2013-2014.

Linee Guida - Insufficienza renale

- Valutare atteggiamenti, credenze, pratiche e rituali connessi con l'alimentazione
- Personalizzare l'intervento, tenendo conto della diversità culturale
- Determinare quali abitudini alimentari, se presenti, sono dannose per un paziente con malattia renale terminale
- Correggere eventuali deficit nutrizionali se presenti particolari modelli alimentari (ad esempio dieta vegetariana)
- Fornire indicazioni per modificare le ricette piuttosto che escludere alcuni alimenti

Burrows J. D. (2004). Incorporating Ethnic and Cultural Food Preferences in the Renal Diet, *Advances in Renal Replacement Therapy*, Vol 11, n° 1, p: 97-104, January
Sucher KP., Kittler PG. (1991). Nutrition isn't color blind. *J Am Dietet Assoc*, 91:297-299

Linee Guida - Insufficienza renale

Patel e Nicol hanno studiato il contenuto di sali minerali specifici (potassio, sodio, fosforo), da limitare in pazienti con malattia renale terminale

ALIMENTO ETNICO	SALI MINERALI	DESCRIZIONE
OKRA	K	Small, green, torpedo shaped vegetable with angular sides. A tropical African vegetable for the Carbohydrates in it that are sticky and mucilaginous.
PLANTAIN	K	Starchy type of banana with a thick skin, which can be green, red, or yellow. The pulp is Used as a vegetable and must be cooked.
YAM (IGNAME)	NA, K	A tuberous vegetable with rough brown skin and starchy white flesh (not related to the Orange sweet potato called yam in the U.S.).
CASSAVA (MANIOCA)	K	Tropical Latin American tuber with rough brown skin and a mild white flesh. Cassava Starch is used to make tapioca.

Patel C., Nicol A. (1997). Adaptation of African-American cultural and food preferences in end-stage renal disease diets. *Adv Renal Replace Therapy*, 4:30-39

Assessment Nutrizionale - Strumenti

associazione nazionale dietisti

FFQ

Sono elaborati a partire dalle abitudini alimentari delle popolazioni principali, che possono differire dai gruppi migranti e possono non essere strumenti appropriati

24 HR

Fornisce informazioni dettagliate rispetto al modello alimentare di persona, ma trascura le variazioni stagionali e le differenze tra fesa e quotidianità

DH

Offre molte informazioni dettagliate sulle ricette utilizzate e sulle porzioni consumate. La stima delle porzioni è migliorata dall'utilizzo di fotografie

DD

Metodo 'gold standard' nella valutazione dietetica. La corretta compilazione dipende dal livello educativo, dalla motivazione e dall'interesse del paziente

Assessment Nutrizionale

associazione nazionale dietisti

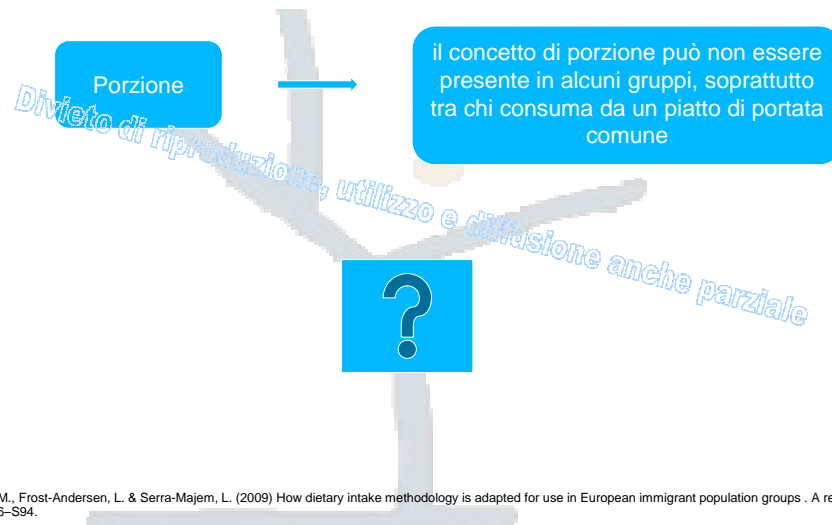
Cosa fare?

- Conoscenza approfondita della cultura alimentare
- Informazioni dettagliate su ingredienti, ricette, tecniche di preparazione
- Validazione degli strumenti per la determinazione dei cibi consumati, la frequenza di consumo, i modelli dei pasti, la preparazione dei piatti, le porzioni, le unità di misure domestiche

Guthrie M., Frost-Anderson L. & Serra-Majem L. (2009) How dietary intake methodology is adapted for use in European immigrant population groups - A review. *Br. J. Nutr.* 101, S86-S94.
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Assessment Nutrizionale Porzioni



Jrconi G, Guarcello M, Gigli-Berzolari F, et al. (2005) An evaluation of a colour food photography atlas as a tool for quantifying food portion size in epidemiological dietary surveys. Eur J Clin Nutr 59, 923-931

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Andez MA, Wiynter S, Wilks R, et al. (2004) Under- and overreporting of energy is related to obesity, lifestyle factors and food group intakes in Jamaican adults. Public Health Nutr 7, 9-19.

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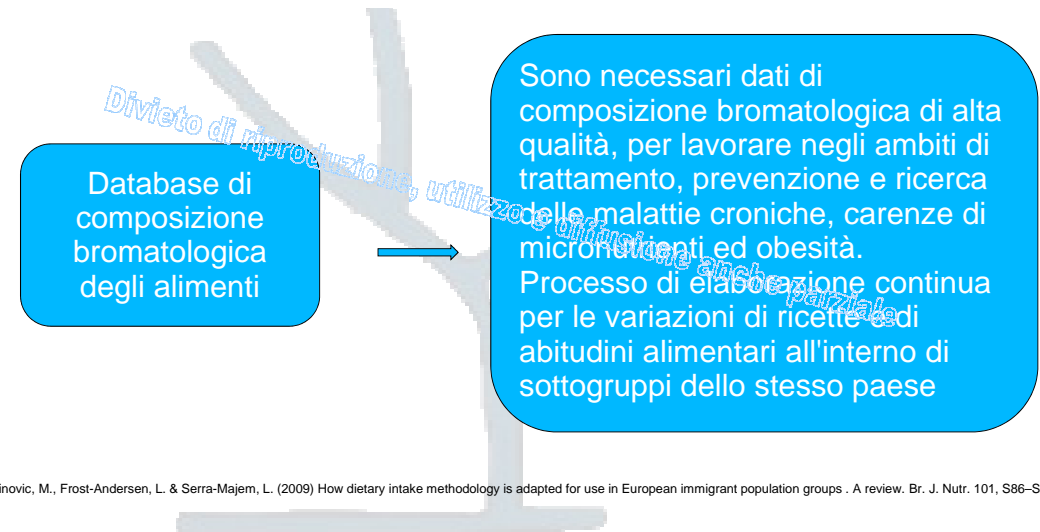
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Assessment ed Intervento Nutrizionale Database



J., Gurinovic, M., Frost-Andersen, L. & Serra-Majem, L. (2009) How dietary intake methodology is adapted for use in European immigrant population groups . A review. Br. J. Nutr. 101, S86-S94

Assessment ed Intervento Nutrizionale Database

Ethnic food composition data Projects

Informazioni sui cibi etnici più comunemente consumati in Europa dalle popolazioni straniere, in particolare dal Sud Asia in Gran Bretagna.

Assessment ed Intervento Nutrizionale Database

West Africa FCI

Risultato della collaborazione tra differenti istituzioni per rispondere ai cambiamenti delle abitudini alimentari mondiali includendo cibi cotti ed "esotici".

J., Gurinovic, M., Frost-Andersen, L. & Serra-Majem, L. (2009) How dietary intake methodology is adapted for use in European immigrant population groups . A review. Br. J. Nutr. 101, S86-S93

Imay B, Charrondière UR, Burlingame B. Development of a regional food composition table for West Africa (2013). Food Chemistry 140 (2013) 443-446

Assessment ed Intervento Nutrizionale Database

Ethnic Food work package (European Food Information Resource EuroFIR) project)

Sono stati generati i dati di composizione bromatologica di 40 cibi etnici consumati comunemente in Europa.

European ethnic food composition data
S. Kroke et al.

Table 1. Macronutrient composition per 100g edible portion of ethnic foods commonly consumed in Europe

Country/organization	Food	Water (g)	Ash (g)	Carbohydrate (g)	Energy value		Total nitrogen (g)	Protein (g)	Fat (g)
					kJ	kcal			
France/AFSSA	Bisk pastry sheet, baked	23	4.8	78.2	1562	368	1.45	8.3	2.5
	Harissa sauce	77.9	4.3	12.2	305	73	0.45	2.7	2.9
	Buttermilk, cultured, low fat, plain	91.2	0.9	4.6	151	36	0.55	3.3	0.5
	Fok-doy	11.0	1.7	56.2	1192	281	1.58	9.2	2.2
	Meloukha sauce	67.7	1.6	1.2	814	198	0.18	1.1	21.0
Israel/ICGI	Falafel	45.2	3.2	29.7	1141	275	—	8.6	13.3
	Dahi bread	37.2	1.8	47.9	1016	243	—	9.1	2.3
	Commercial soy patty	53.2	2.4	9.8	911.2	218	—	15.7	12.3
	Injera	43.6	1.4	43.5	990	233	—	6.4	1.9
	Industrialised hummus	53.3	1.9	1.5	1250	299	—	6.7	25.8
Spain/CENID	Spring roll	56.1	1.8	20.3	875	209	0.88	5.5	11.8
	Rice 3 deligrit	25.5	1.4	23.9	824	197	1.06	6.6	9.6
	Guacamole	80.2	2.1	7.1	383	92	0.30	1.9	6.2
	Mexican salsa	88.2	2.4	1.8	395	25	0.26	1.6	0.2
	Ceviche	81.3	1.8	1.2	1355	303	—	1.50	9.4
Denmark/DTU	Dönn rolls	53.0	2.1	22.0	963	317	—	12.6	5.9
	Pita sandwich with kebabs	63.9	1.4	18.0	738	265	—	5.1	17.1
	Sandwich with kebabs	55.0	1.7	25.0	920	217	—	6.5	6.8
	Sandwich with falafel	54.0	1.7	29.0	943	226	—	8.2	9.5
	Kobanishi	44.4	2.4	27.0	1055	303	—	8.9	17.6
Italy/IRAN	Carotonee rice	58.2	1.7	25.8	818	195	—	5.5	7.8
	Nachos	45.4	8.2	0	1130	271	—	27.4	17.9
	Falafel (Italy)	61.7	2.2	14.5	719	172	—	7.1	9.5
	Kebab	49.9	3.4	ND	1126	269	—	29.7	16.7
	Semaale	78.0	1.8	7.4	415	99	—	5.7	5.2
The Netherlands/RIVM	Roti	31.4	0.3	50.8	1315	312	—	7.6	8.7
	Salted meat	45.4	8.2	0	1130	271	—	27.4	17.9
	Taper savas	88.0	2.1	0.9	132	31	—	4.6	1.1
	Pomtlager	69.7	1.5	17.2	360	85	—	3.4	0.3
	Yellow split peas	65.2	0.8	18.6	481	113	—	8.4	0.6
Belgium/UGhent	Misyayo	66.4	6.7	0	467	110	—	24.1	1.6
	Saka-saka	83.0	0.9	0.3	144	34	—	5.4	1.3
	Chikwengwe	61.9	0.3	33.3	590	139	—	0.7	0.3
	Mtinzoo worms	71.0	0.9	0.7	584	139	—	18.5	7.0
	Biteku-beku	89.2	1.6	0.1	99	24	—	3.6	1.0
UK/UL	Chicken bhuna	72.9	1.5	3.2	609	146	2.20	13.7	8.7
	Lamb bhuna	54.5	2.3	5.0	1048	251	3.60	22.5	15.7
	Alloo Bombay	78.1	1.5	13.1	459	110	0.30	1.7	5.6
	Rasmalai	65.9	0.9	17.2	692	165	1.50	9.6	6.4
	Chicken Rogan josh	76.1	1.4	5.1	525	126	1.65	10.3	7.1

Table 2. Lipid, carbohydrate and dietary fibre composition per 100g edible portion of ethnic foods commonly consumed in Europe

No.	Food	Fatty acids (g)			Sugars (g)	Individual sugars (g)				Dietary fibre (g)				
		SFA	MUFA	PUFA		Glucose	Fructose	Galactose	Sucrose					
											Lactose	Maltose	Starch	NSP
France/AFSSA	1 Bisk pastry sheet	—	—	50.1	7	7	<0.5	0	<0.5	<0.5	<0.5	—	3.2	
	2 Harissa sauce	—	—	0.5	8.4	6.5	1.9	0	<0.5	<0.5	<0.5	—	3.1	
	3 Buttermilk	0.3	0.1	0	4.6	<0.5	<0.5	0	<0.5	<0.5	3.3	0	—	
	4 Fok-doy	—	—	—	46.0	0	<0.5	<0.5	0	<0.5	<0.5	<0.5	—	19.3
	5 Meloukha sauce	—	—	<0.5	1.2	<0.5	0	<0.5	<0.5	<0.5	<0.5	—	8.4	
Israel/ICGI	6 Falafel	2.1	3.7	7.5	19.4	0	<0.5	<0.5	0	0.8	<1	0	—	8.8
	7 Dahi bread	1.1	0.7	1.6	25.5	0	<0.5	0.6	0	<0.5	2.6	0	—	3.2
	8 Commercial soy patty	2.0	2.9	7.4	10.7	0	<0.5	<0.5	0	0.5	3.2	0	—	5.4
	9 Injera	0.4	6.5	1.0	32.2	0	<0.5	<0.5	0	<0.5	<1.0	0	—	—
	10 Industrialised hummus	4.3	7.8	13.7	7.0	0	<0.5	<0.5	0	<0.5	<0.5	0	—	8.3
Spain/CENID	11 Spring roll	—	—	—	—	0.5	0.6	0	0.5	<0.5	<0.5	—	4.2	
	12 Rice 3 deligrit	1.6	4.6	3.4	20.2	—	<0.5	<0.5	0	<0.5	<0.5	—	2.1	
	13 Guacamole	—	1.7	3.1	1.3	2.1	—	0.7	0.6	—	0.8	<0.5	—	2.5
	14 Mexican salsa	—	—	—	—	—	—	1.6	1.8	—	0.6	<0.5	—	1.8
	15 Ceviche	0.4	0.8	0.8	1.4	—	0.9	0.5	0	<0.5	<0.5	<0.5	—	1.2
Denmark/DTU	16 Dönn rolls	2.7	4.0	1.5	—	—	—	—	—	—	—	—	—	—
	17 Pita sandwich with kebabs	1.8	2.5	2.0	—	—	—	—	—	—	—	—	—	1.4
	18 Sandwich with kebabs	2.1	3.2	3.9	—	—	—	—	—	—	—	—	—	1.7
	19 Sandwich with falafel	1.4	4.3	1.2	—	—	—	—	—	—	—	—	—	2.85
	20 Kobanishi	4.4	7.6	12.3	—	—	—	—	—	—	—	—	—	—
Italy/IRAN	21 Carotonee rice	1.3	2.6	3.0	24.7	1.1	0.3	0.2	—	0.5	<DL	0.1	—	1.6
	22 Nachos	3.9	37.8	0.8	<DL	<DL	—	—	—	0.8	<DL	<DL	—	3.7
	23 Falafel (Italy)	0.3	2.3	1.5	0.0	0.1	—	—	—	0.8	<DL	<DL	—	4.9
	24 Kebab	5.7	13.1	0.1	—	—	—	—	—	0.2	<DL	<DL	—	1.9
	25 Semaale	1.7	2.4	0.3	—	—	—	—	—	0.2	<DL	<DL	—	1.9
The Netherlands/RIVM	26 Roti	1.0	1.8	5.3	47.3	3.5	—	—	—	—	—	—	—	1.4
	27 Salted meat	8.8	9.4	0.8	0	0	—	—	—	—	—	—	—	—
	28 Taper savas	—	—	—	0.9	0	—	—	—	0	0	0	—	3.4
	29 Pomtlager	—	—	—	17.2	0	—	—	—	0	0	0	—	7.2
	30 Yellow split peas	—	—	—	18.6	0	—	—	—	0	0	0	—	6.4
Belgium/UGhent	31 Misyayo	—	0.4	0.3	0.9	0	—	—	—	0	0	0	—	—
	32 Saka-saka	—	—	—	—	—	—	—	—	0	0	0	—	9.2
	33 Chikwengwe	0.1	0.1	0.1	32.3	—	—	—	—	0	0	0	—	3.5
	34 Mtinzoo worms	2.2	0.5	2.5	1.0	0	—	—	—	0	0	0	—	2.0
	35 Biteku-beku	—	—	—	—	—	—	—	—	0	0	0	—	4.5
UK/UL	36 Chicken bhuna	1.3	2.7	4.1	<0.5	—	0.9	0.5	<0.2	<0.2	<0.2	<0.2	1.8	2.1
	37 Lamb bhuna	4.8	6.4	2.8	3.6	—	<0.2	<0.2	<0.2	<0.2	<0.2	<0.2	2.3	3.4
	38 Alloo Bombay	0.4	3.2	1.6	6.3	—	1.8	<0.2	<0.2	<0.2	<0.2	<0.2	1.8	3.5
	39 Rasmalai	3.9	1.5	0.2	1.8	—	<0.2	2.0	<0.2	<0.2	<0.2	<0.2	5.5	—
	40 Chicken Rogan josh	1.1	2.2	3.3	0.8	—	2.0	<0.2	<0.2	<0.2	<0.2	<0.2	2.1	2.3

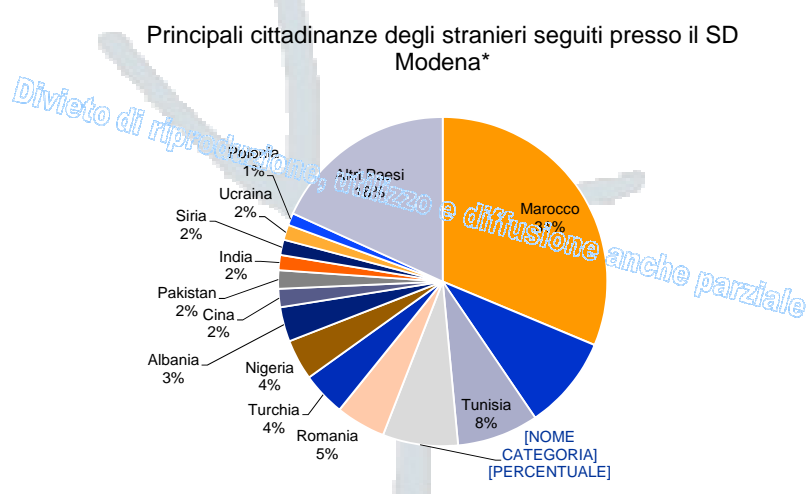
Mar S, Marietta L, Shahr DR, Farre R, Ireland JD, Jansen-van der Vliet M, De Henauw S, Finglas P and on behalf of the participants of the EuroFIR Ethnic Foods Work Package (2010). New composition data on selected ethnic foods consumed in Europe. European Journal of Clinical Nutrition 64, S82-S87

Abbreviations: AFSSA, Agence Française de Sécurité Sanitaire des Aliments; BGIU, Ben-Gurion University of Be'er-Sheva; CENID, Centre for Superior Studies on Nutrition and Dietetics; DTU, Technical University of Denmark; IMRAN, National Institute for Food and Nutrition Research; ND, not determined; RIVM, Institute of Public and Environmental Health; Ghent University, UK; United Kingdom; UL, University of Leeds. — implies nutrient not prioritised for analysis because the selected food was not considered an important source of this nutrient.

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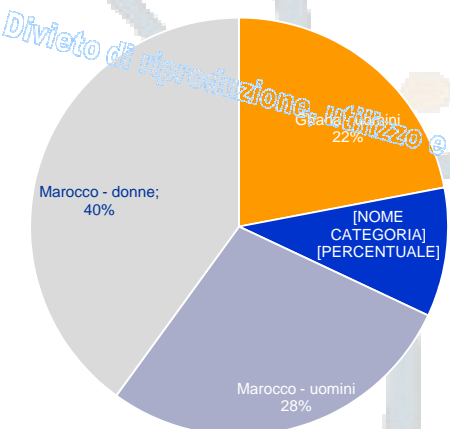
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ratti dall'Archivio Pazienti del Centro Diabetologico al 21/02/11, su autorizzazione del Responsabile Dr. ssa Rita Emma Cavani

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Distribuzione campione per origine e sesso

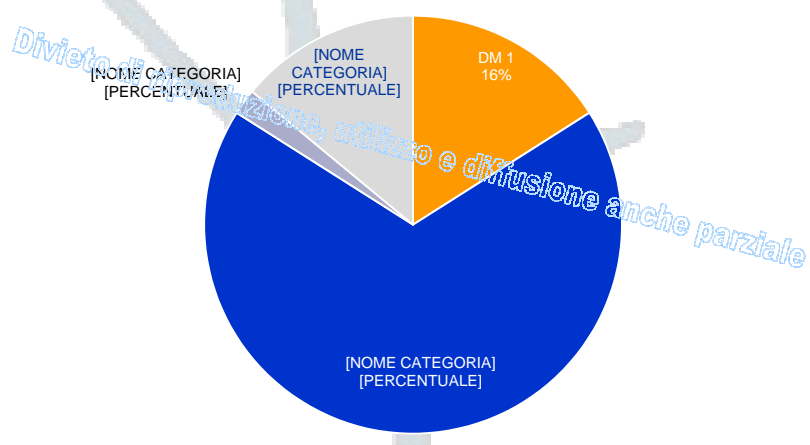


Totale	Ghana		Marocco		
50	16		34		
Maschi	Femmine	Maschi	Femmine	Maschi	Femmine
25	25	11	5	14	20

Età media (campione totale)		Ghana		Marocco	
45,42 (range 27-84)		39,13 (range 27-62)		48,38 (range 27-84)	
Maschi	Femmine	Maschi	Femmine	Maschi	Femmine
44,2 (range 29-64)	46,6 (range 27-84)	41,7 (range 34-52)	33,4 (range 27-40)	46,2 (range 29-64)	49,9 (range 27-84)

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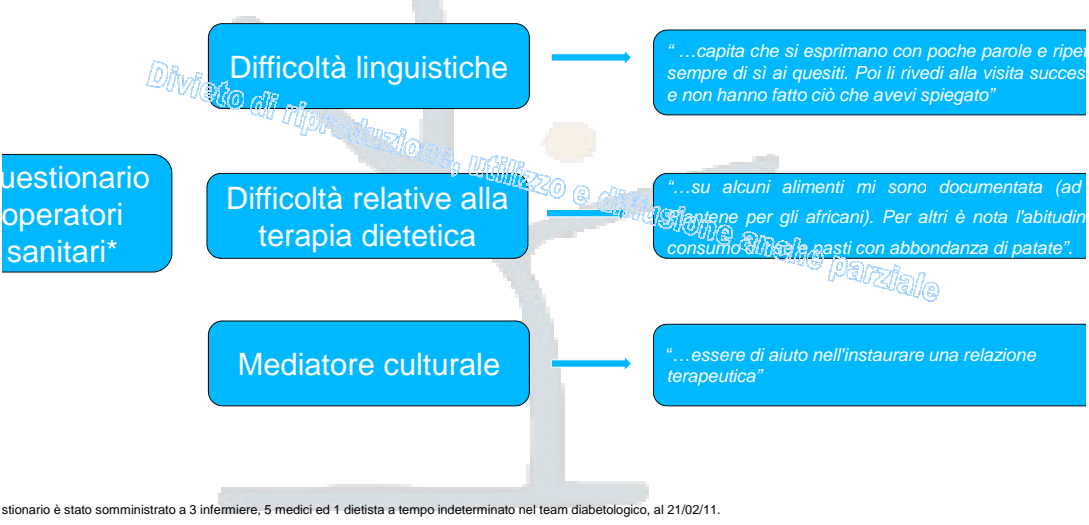
Tipologia Diabete Mellito



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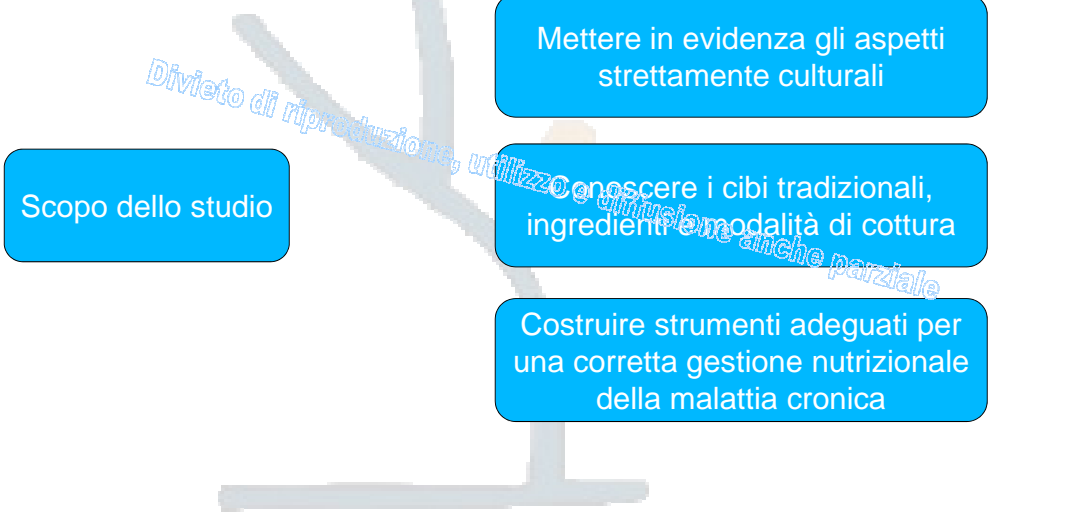
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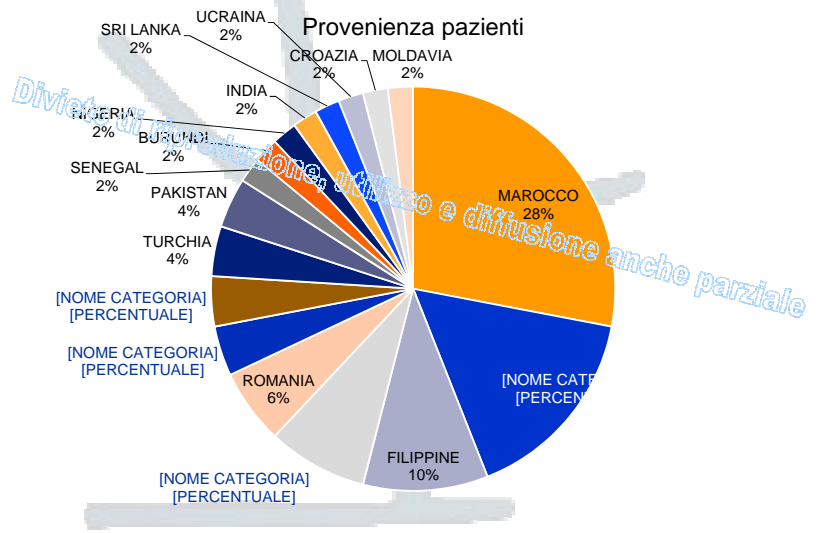
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Materiali e metodi

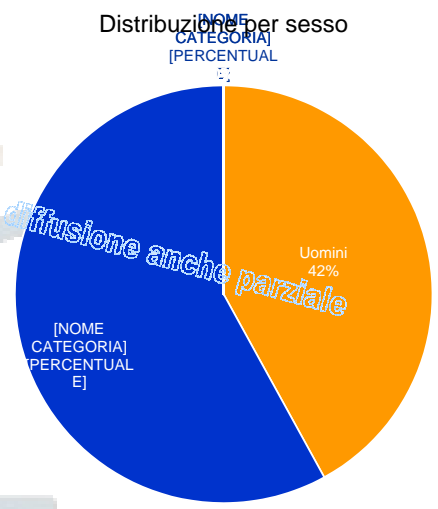
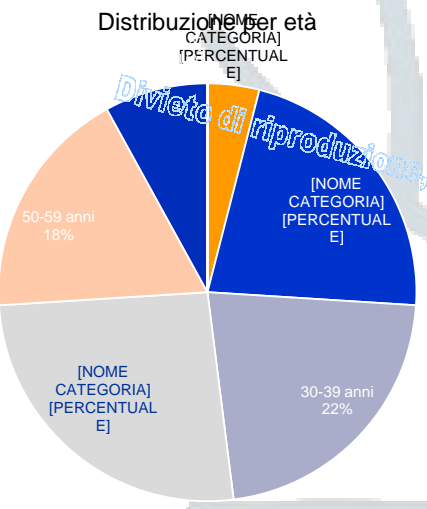
- Valutazione delle cartelle dietetiche dei pazienti
- Elaborazione di questionario per approfondire le loro abitudini alimentari quotidiane
- Realizzazione di interviste* a tali pazienti o ai loro parenti

Adattamento del questionario «Steps Toward Successful Crosscultural Counseling», Kitterl P., MS, Katheryn P. Sucher (1990), Diet Counseling in Multicultural Society, The Diabetes Educator, Vol 16, n° 2, p. 127-131

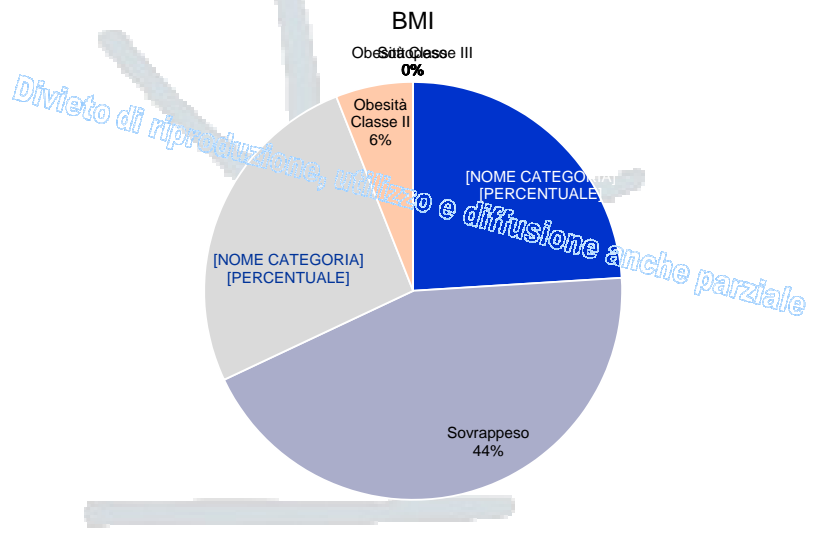
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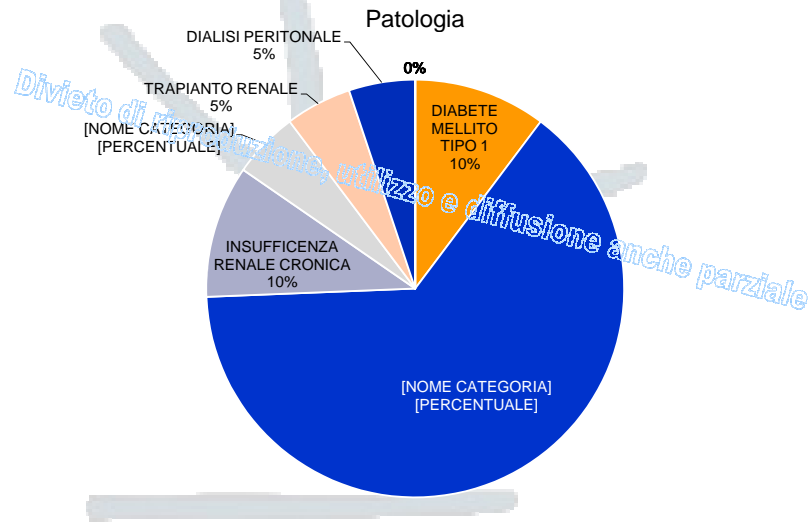


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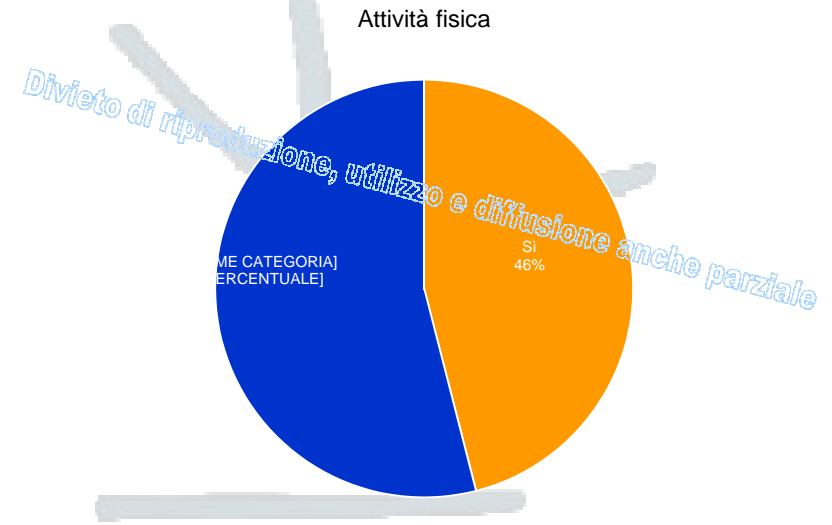
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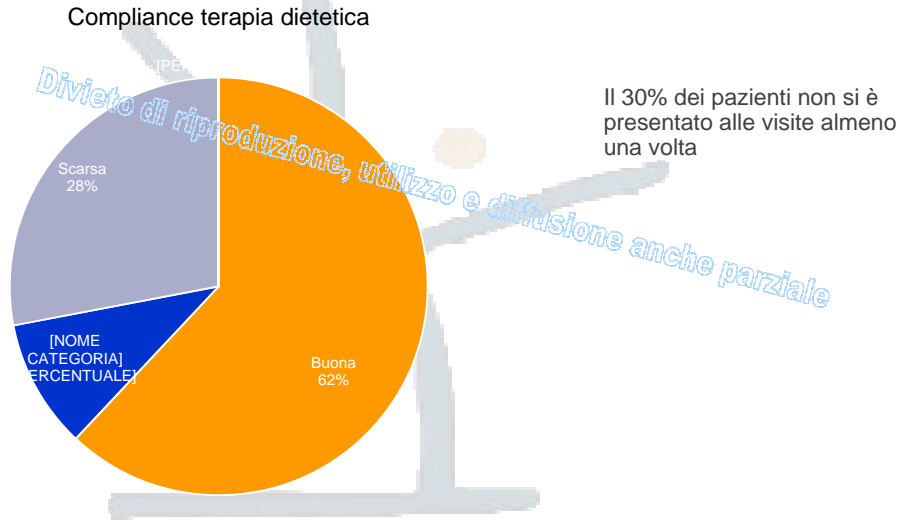
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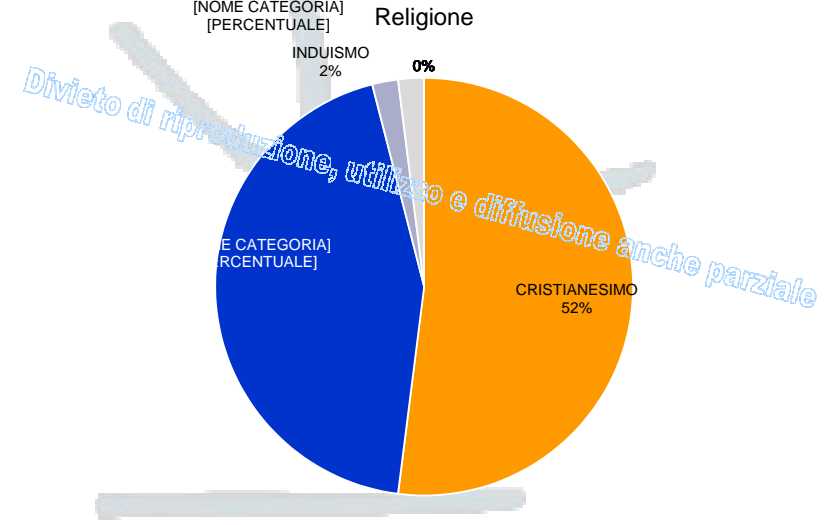
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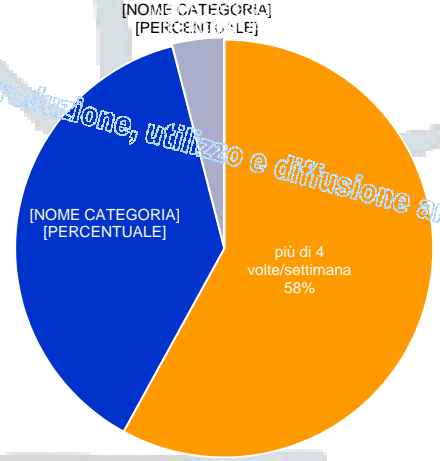
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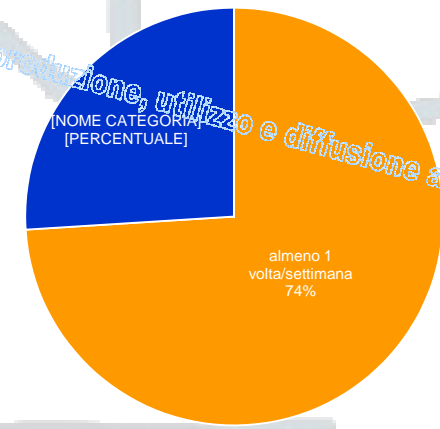
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Frequenza del consumo cibi italiani



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Frequenza del consumo cibi tradizionali



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Sono state raccolte ed elaborate informazioni sui cibi etnici maggiormente diffusi, gli ingredienti principali e i metodi di preparazione



Tali dati hanno permesso di costruire un database da utilizzare come strumento per conoscere i piatti tradizioni principali delle varie culture ed adeguare la terapia dietetica alle esigenze di ogni paziente

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Dalla letteratura e dalla nostra esperienza, emerge la necessità di elaborare uno specifico atlante fotografico delle porzioni degli alimenti etnici, in modo da applicare un migliore approccio educativo con i pazienti stranieri.

L'utilizzo di materiale visivo può in qualche modo aggirare le barriere linguistiche, proporre immagini di varie porzioni dei cibi e dei piatti principali della tradizione, e rinforzare i messaggi riguardo al controllo delle porzioni stesse.

È in fase di elaborazione un'integrazione all'atlante fotografico in uso esistente, da utilizzare con i pazienti stranieri.

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Ampesi

(yam, cocoyam, plantano, sugo fatto con sardine, spinaci, pomodori, cipolla)



plantano: 60 g, yam: 70 g, cocoyam: 40 g, sugo: 70 g
 plantano: 100 g, yam: 150 g, cocoyam: 70 g, sugo: 150 g
 plantano: 160 g, yam: 200 g, cocoyam: 100 g, sugo: 150 g

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Couscous

(semola di grano duro, carne vitello, carote, zucchine, zucca, patate, cavolo, pomodori, cipolle, ceci, spezie)



couscous: 150 g, verdura: 100 g, carne: 80 g
 couscous: 200 g, verdura: 140 g, carne: 80 g
 couscous: 250 g, verdura: 150 g, carne: 80 g

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Gheimh Bademjan

(carne di vitello, lenticchie rosse, passato di pomodori, melanzane, cipolle, zafferano e riso)



riso: 100 g, sugo: 80 g
 riso: 150 g, sugo: 110 g
 riso: 200 g, sugo: 140 g

A N D I D
Conclusioni

Oltre alle competenze tecniche e psicosociali, il dietista deve avere competenze culturali, che prevedano la conoscenza delle abitudini alimentari e del relativo valore simbolico nelle varie culture, della frequenza di consumo degli alimenti etnici, ricette e specifici ingredienti

I cibi etnici e culturali possono essere inseriti nelle giuste quantità nella dieta del paziente con patologia cronica

Il dietista dovrebbe identificare scelte alimentari alternative ai cibi limitati o proibiti, e cercare di incoraggiare, attraverso passaggi piccoli e graduali, il cambiamento delle abitudini alimentari, evitando un cambio drastico o la completa eliminazione di alcuni cibi

A N D I D

associazione nazionale dietisti

Margaret Mead

"I rather change a man's religion
than his food habits."

GRAZIE

Divieto di riproduzione
totale e parziale e diffusione anche parziale